

**HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)**

NAME (Last, First, Middle): Horner Donald G STATE POSITION HELD: Chairman DEPT/DIVISION or BOARD/COMMISSION: Board of Education TERM OF OFFICE (Begin/End): 02/15/2011 06/30/2014	Date Received: 12 MAY 21 P1 27 STATE OF HAWAII STATE ETHICS COMMISSION
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FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
 USE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source and amount of all income of \$1,000 or more received during the preceding calendar year for services rendered (INCLUDING INCOME EARNED FROM YOUR STATE POSITION), and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	First Hawaiian Bank	K	Financial

Check here if entry is None
 Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business. YOU ARE REQUIRED TO LIST ALL STOCKS, MUTUAL FUNDS OR OTHER NON-RETIREMENT INVESTMENT INTERESTS VALUED AT \$5,000 OR MORE. Please see instructions available at <http://hawaii.gov/ethics/forms/findisc/D-201-LONGINST.pdf>.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES

Check here if entry is None
 Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F, SP, DC, JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER

Check here if entry is None
 Check here if additional sheets are attached

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F, SP, DC, JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
F	First Hawaiian Bank	H	A

Check here if entry is None
 Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F, SP, DC, JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Hawaii Visitors & Convention Bureau 2270 Kalakaua Avenue, Suite 801 Honolulu, HI 96815	Chairman	1/1/10-12/31/12	-0-
F	Honolulu Festival Foundation P. O. Box 8494 Honolulu, HI 96830	Board Member	6/2009 - 11/2011	-0-
F	Iolani School 563 Kamoku Street Honolulu, HI 96826	Board Member	9/2004 - 6/2018	-0-

Check here if entry is None
 Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS
Don Horner

F, SP, DC, JT	Business Name and Address	Title Held	Term of Office	Annual Compensation
F	BancWest Corporation, First Hawaiian Bank, and Subsidiaries 999 Bishop Street Honolulu, HI 96813	Director	While employed	-0-
F	Honolulu Authority for Rapid Transportation 1099 Alakea Street, Suite 1700 Honolulu, HI 96813	Member	Since July 2011	-0-
F	The Financial Services Roundtable 1001 Pennsylvania Avenue NW Suite 500 South Washington, DC 20004	Member	Since 2003	-0-
F	The Salvation Army's Kroc Community Center Task Force P. O. Box 700909 Kapolei, HI 96709-0909	Chairman	Since 2006	-0-
F	Hawaii Business Roundtable 1003 Bishop Street, Suite 2630 Honolulu, HI 96813	Member	Since 5/2002 Resigned 10/2011	-0-
F	Hawaii Bankers Association 1000 Bishop Street, Suite 301B Honolulu, HI 96813-4203	Member	Since 1/2003	-0-
F	The Foundation for the Asia-Pacific Center for Security Studies ASB Tower, Suite 2200 1001 Bishop Street Honolulu, HI 96813	Director	Since 1/2005	-0-
F	The Filipino Community Center 94-428 Mokuola Street Waipahu, HI 96797	Director	Since 1/2008	-0-

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP,DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
F	58-195 and 58-195A Napoona Place Haleiwa, HI 96712	(1) 5-8-006:045	K

Check here if entry is None Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP,DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
F	208 Kapahulu Avenue/2583 Kuhio Avenue Honolulu, HI 96815 (1) 2-6-027 C2	K Cash	As-Szki Corporation

Check here if entry is None Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP,DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

Check here if entry is None Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

Check here if entry is None
 Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

Check here if entry is None
 Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE 

DATE **MAY 21 2012**